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BOROUGH of CHARD



Annual Report

OF THE

Medical Officer of Health

for the Year ended 31st December, 1952

PUBLIC HEALTH OFFICERS:

Medical Officer of Health:

A. M. McCALL,
L.M.S.S.A., M.R.C.S., L.R.C.P., C.P.H., D.P.H.

Sanitary Inspector:

P. H. WEBB,
M.Inst. M. & C.E.

BOROUGH OF CHARD

Annual Report of the MEDICAL OFFICER OF HEALTH

To the Mayor, Aldermen and Councillors of the Borough of Chard.

Mr. Mayor, Ladies and Gentlemen,

I beg to submit my report for 1952.

The health of the people in the town was satisfactory. There was no epidemic disease. A milk-borne outbreak of food poisoning, mainly affecting school children, occurred. This has been fully reported. This outbreak, due to *Salmonella dublin* in T.T. milk, underlines the fact that Pasteurisation of milk is the only way of ensuring the public of safe milk.

There was a further decline in the numbers attending the Child Welfare Clinic. This is most unfortunate. The clinic is extremely well organised and affords excellent facilities to parents in Chard to get help and advice about their pre-school children. I hope that the parents will make an effort to give the Clinic greater support in the future.

It is with regret that I have to report the closure of the Day Nursery for reasons of economy.

The town of Chard is becoming increasingly industrialised. Therefore I have drawn attention in the text to the lack of a national industrial Health Service and the need for such a service in small industries such as we have here. The workers are largely without any medical supervision at their place of work, even by a part-time medical officer. The Government should be pressed to amend the National Health Service Act to include this very important aspect of the nation's health.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

A. M. McCALL,
Medical Officer of Health.

SECTION A

Statistics and Social Conditions of the Area

POPULATION.

The Registrar General estimates the mid-year population for Chard as 5,260. This is a slight increase on the previous year. Appendix A, Table 1, shows the chief statistics for the town.

BIRTH RATE.

The Birth Rate for the year was 13.6 per thousand, slightly below last year. When the Comparability Factor is taken into account the figure is 14.6, which is below the figure of 15.3 for England and Wales as a whole. Details are shown in Appendix A, Table 2.

DEATH RATE.

The Death Rate was 11.8 per thousand, lower than in 1951, and when the Comparability Factor is taken into

account a figure of 9.7 compares favourably with 11.3 for England and Wales as a whole. The chief causes of death are shown in Appendix A, Table 3. Heart disease was the greatest killer and taken together with diseases of the circulation accounted for more than half all deaths. There was a drop in the number of deaths from cancer, there being only 2 as compared with 12 last year.

INFANT MORTALITY.

Two children died within a year of birth, one due to congenital malformation. There were 4 stillbirths.

MATERNAL MORTALITY.

I am pleased to be able to report once again that there were no cases of maternal mortality in Chard during the year.

SOCIAL CONDITIONS.

The social services remained unchanged and unemployment at a low figure throughout the year.

SECTION B

General Provision of Health Services in the Area

The Somerset County Council are responsible for the administration of most of the services in the area and delegate their authority to me as their local representative. Conferences were held at County Hall at which local difficulties were discussed and it was a year of satisfactory progress.

INFANT WELFARE.

Clinics were held every first and third Tuesday at the Recreation Club. I regret to report a further decline in the attendances at this clinic. You may recall that the numbers last year were lower than in 1950 and this year there were nearly 600 fewer children attending. It seems to me a great pity that when the clinic had been worked up to such a flourishing state as in 1950 we should see a steady decline despite the fact that there are still a very large number of pre-school children in Chard who would benefit were they taken regularly to be seen by the Doctor at this clinic. The sessions are extremely well organised and the facilities are good, and I hope that the mothers in Chard will try and make more use of this excellent opportunity.

My thanks are due to Mrs. Daniel and her Committee for the able way in which they have conducted Chard Infant Welfare Clinic and to the District Nurses who have made every effort to encourage mothers to make full use of it.

MATERNITY SERVICES.

No routine official ante natal clinics for Chard exist but the District Nurses hold unofficial clinics at their house. The nurses attend with the general practitioners at all home deliveries. Where it is considered that either previous obstetric history or some housing difficulty makes hospitalisation necessary, patients can be admitted to Taunton, Crewkerne or Yeovil where maternity beds are available.

HOME NURSING.

This is mainly carried out by the District Nurses. I again draw attention to

the tremendous amount of work that is done for the town by our nurses. In addition to attendances at school medical inspections and welfare clinics they did 6,456 domiciliary visits and we are grateful to them for their contribution towards the welfare of the town.

IMMUNISATION.

This is done by the doctor at the Child Welfare Clinic and by myself in the schools. There has been a satisfactory response and the percentage of children immunised in Chard high enough to prevent any appreciable outbreak of the disease.

VACCINATION.

Vaccination is carried out by the general practitioners and by the doctor at the Clinic. A total of 75 were done in Chard during the year, of which 30 were done at the Clinic.

TUBERCULOSIS CLINIC.

This is organised by Dr. Pascall, the Area Chest Physician, and is held regularly at Chard Sanatorium. Follow-up work and T.B. health visiting is carried out by Mrs. Pitt.

HOMELESS AND AGED.

Some aged persons are housed in Harvey's Homes, managed by a Charitable Trust. There were some difficulties with the Warden there during the year. The matter was investigated and I am pleased to be able to report that a new Warden has been appointed and has taken up his duties. Other aged people in need of care and attention are accommodated at Sunnylands, adjacent to the Sanatorium. In addition, there were a few ageing persons in the town during the year whose condition was giving rise to anxiety. These were investigated but fortunately it was not necessary to resort to Statutory powers to secure their admission to hospital.

DAY NURSERY.

As I expected in my report last year, the need for economy forced the County Council to close the day nursery at Chard. I was very sorry when this action was taken. It had filled a need in the town and the very high standard on which it was run was greatly appreciated.

HOME HELP SERVICE.

The County Home Help Service is available for all who request help. The Area Organiser visits each house where help is requested, assesses the amount and type of help required and then arranges for one of the helpers to visit. It is a very great help in time of sickness.

AMBULANCE SERVICE.

This service, provided by the County Council and ably administered locally by Divisional Superintendent E. F. Brooks, was in constant use during the year. Details will be found in Appendix B, Table 2. From August 1st the Taunton Ambulance Control covered all weekday daytime calls, the Chard Ambulance covering nights (7 p.m.-7 a.m.) and Sundays.

SCHOOL MEDICAL SERVICE.

Appendix B, Table 3, shows details of all children inspected during the year. Children are first given a complete examination when they enter school at the age of five, again when they leave the primary school to go to a senior school and finally in the six months before they complete their school life. Should any defect be discovered at the first two of these examinations the medical inspector advises the parents about treatment and in co-operation with the private practitioner may arrange it. He then sees the child at every subsequent visit until the defect has been remedied. Early detection of an abnormality enables it to be much more easily corrected with the result that by the time children leave school they are usually as fit as it is possible to make them for the rigours of adult life. This, together with school dinners and free milk, have produced children healthier than in any other generation. It is interesting that the inspection of school children became a Statutory requirement in 1908 and the first report of the County School Medical Officer appeared in that year. One of the outstanding discoveries was "the extreme frequency of verminous heads". The intervening years have seen a very great improvement in this direction and now the standard of cleanliness of both head and body is extremely high among our school children and reflects great credit to the parents.

SCHOOL DENTAL SERVICE.

I regret I am again unable to report any progress. There is still no school dental service in Chard and no routine school dental inspection took place. Again referring to the report of 1908, it states that "the findings were that speaking generally, absolute neglect of the teeth is the rule. Inflamed and receding gums exposing the roots of the teeth were also not very uncommon." Although we have not returned to that low standard of dental hygiene there is a considerable amount of work to be done among school children in the Chard schools and I hope in the very near future the County Council will see their way to make some provision for them.

CHILDREN AND YOUNG PERSONS ACT.

No cases of parental neglect were brought before the court during the year. I, as School Medical Officer, inspect large numbers of children for fitness of employment under the County Bye-Laws. These Bye-Laws cover the hours and type of work which children attending school may perform and all must have a medical examination before being allowed to commence.

OPHTHALMIC SERVICES.

The County Services for children continued to work satisfactorily and the supply of spectacles for children and adults was good during the year.

ORTHOPAEDIC SERVICES.

The County Clinic was held at Taunton and any children requiring attention are sent there by appointment.

SECTION C

Prevalence of and Control over Infectious Diseases and other Diseases

Reference to Appendix C, Table 1, will show details of all infectious diseases notified during the year. It will be seen that there were very few notified cases and only one case of Poliomyelitis. This was a case of a girl to whom the doctor was not called until late in the disease when there was some muscle weakness. However, she made a satisfactory recovery.

It will be noticed that there are only four notified cases of Food Poisoning but it will be recalled that in September there was a large outbreak in the town, chiefly among school children, though few adults were affected, due to a contaminated milk supply.

MILK OUTBREAK.

On Friday, 26th September, I, as Assistant School Medical Officer, was notified by a Chard teacher that several pupils were absent with dysentery. Head teachers of all schools in the area were immediately questioned and it was clear that the cases roughly corresponded to the children taking school milk. All general practitioners in the area were informed. The milk supply was T.T. non-pasteurised milk and supplied to all the affected schools by one dairy. Inquiries at the dairy proved negative but instructions were given that all milk from this source was to be heat-treated pending further direction. A visit was then paid to the farm which was found to be first-class in all respects. All the milk came from one herd. Inquiries revealed that although the herd was in good shape one cow had been removed from the herd on Wednesday, September 23rd, suffering from mastitis. The cow was immediately re-examined by a Veterinary Surgeon who now diagnosed a *Salmonella* infection.

On Saturday morning, the 27th, the County Laboratory reported that *Salmonella dublin* had been recovered from specimens of the cow's milk and also from the specimens of patients' faeces. The general practitioners were again informed and advised re treatment.

All five Chard schools were affected and some 381 children were ill to varying degrees, some of them very acutely. In addition, several adults who had been supplied from the same source, were affected. The average absenteeism from school was only two days and it would appear that the prompt measures taken prevented any secondary cases.

Permanent arrangements have since been made for the milk supply to these schools to be pasteurised.

MASS RADIOGRAPHY.

Appendix C, Table 2, shows details of the visit of the Mass Radiography Unit. These regular visits of the Unit

are appreciated by the people of Chard and surrounding districts and there is a satisfactory increase in the number attending. However, there is still room for many more people to take advantage of this service. B.C.G. immunisation is available for particular categories of persons who are exposed to infection, nurses, medical students and T.B. negative contacts. One of the best methods of prevention of Tuberculosis is good housing and I am pleased to say that the Chard Borough Council is fully aware of this fact and has made special efforts to ensure that all cases on the Register requiring re-housing have received priority and been adequately housed.

SECTION D

Environmental Health Services

A—SANITARY CIRCUMSTANCES.

Climatic Conditions.—The weather was again extremely wet during the year but there was slightly more sun than in the previous one.

Water Supply.—The quality of the water was satisfactory throughout the year but during September and October the well level was very low although the supply was maintained. This is a recurring problem in Chard and as the number of houses increases so the supply becomes more and more inadequate. Your Council have been trying for the last four years to obtain a better supply for the town. However, despite their efforts, no scheme has yet reached fruition.

Drainage and Sewage.—The new disposal works have proved satisfactory and the effluent is now of a very high standard. There is a scheme in mind for the laying of a sewer to the Holbear district.

Camping Site.—There is one licensed site in the town at Oaklands, where the maximum number of caravans allowed per acre is eight. Certain requirements were laid down to bring the site up to the recognised standard and I regret to say that adequate lavatory accommodation is yet to be provided and until this is available difficulties are liable to occur on the site.

Public Cleansing.—Weekly removal of refuse was carried out in the town and incinerated at the Council depot. The roads were kept in an excellent state of cleanliness and are a credit to the Public Health Department. Paper collection continued but the mounting stocks at the factories caused a steep drop in the selling price and this no longer proved a remunerative undertaking.

Rodent Destruction.—Regular survey work and test baiting of sewers was carried on throughout the year and I am pleased to be able to report that no heavy infestations were discovered.

Factories Act.—Details will be found in Appendix D, Table 2. It is over eight years since the Royal College of Physicians strongly advocated the re-planning of the existing industrial health services on a national scale and as an integral part of the National Health Service. Nothing was done about this and the Act of 1948 ignored the health aspects of industry. Two years ago the Dale Committee on the Industrial Health Services advocated an inter-departmental Committee to co-ordinate the development of Industrial Health Services fully and effectively with the general health services. There are no signs that the committee has been formed. Meanwhile, in spite of the efforts of large undertakings to supply their own health staff and the excellent work of the factory inspectorate, half the workpeople of this country employed in small factories and workshops such as are found in Chard are largely without any medical supervision at their place of work even by part-time medical officers. If the present medical inspectors of factories, the appointed factory doctors and medical officers of health were fused into one preventative health service it would certainly solve the difficulties of the small factories so largely neglected at present. It would extend the work of medical officers of health into a region where their administrative experience would be valuable and their experience of community health could be adapted to the special conditions of factory life, using the term very broadly to include almost anybody's place of work. Increased production and contentment in industry are intimately dependent upon the workers' health.

B.—HOUSING.

Details of the progress made during the year and the present position of the Council's housing requirements will be found in Appendix D, Table 3. It will be seen that 53 new houses were completed in the town during the year, bringing the total to 1,714. A further 90-odd houses are planned for 1953 but though there are 300 applicants on the waiting list and a further 100 required to replace unsatisfactory houses already in occupation, it will be seen that we have still a long way to go to fulfil the demand.

C.—INSPECTION AND SUPERVISION OF FOOD.

Milk.—There are seven registered dairy premises and three supplementary licences were issued to distributors whose dairies are outside the area. As mentioned in a previous section, one outbreak due to unsatisfactory milk was investigated. It was T.B. raw milk that was found to be at fault and I would like to take this opportunity of pointing out that although this milk is admirable as a measure against Tuberculosis it gives little protection against outbreaks of other diseases liable to be conveyed by milk. The only really safe milk is that which has been efficiently pasteurised.

Ice Cream.—There are 16 premises registered for the sale of ice cream. All conformed to the standard required, 15 retail pre-packed ice cream and one manufacturer and sells on the premises.

Meat.—Regular meat inspection was carried out by the Sanitary Inspector throughout the year, details of which will be seen in Appendix D, Table 4. I am pleased to be able to state that a number of improvements were carried out at the slaughterhouse and the conditions there are very much better than a few years ago.

Bye-Laws under Section 15 of the Food and Drugs Act, 1938, came into operation on 5th June, 1951. Since that time it has not been found necessary to take any statutory action under them but regular inspections were carried out.

APPENDIX A—TABLE 1

Registrar General's estimate of population mid 1952	5,260
Area	1,291 acres
Number of inhabited houses at the end of 1952 according to the Rate Book	1,714
Rateable Value	£31,135
Sum represented by a penny rate	£128 11 9

APPENDIX A—TABLE 2

BIRTH RATE:		M	F
Live Births:			
	Total	46	26
	Legitimate	44	21
	Illegitimate	2	5
Still Births:			
	Total	2	2
	Legitimate	2	2
	Illegitimate	—	—
Deaths of Infants under 1 year:			
	Total	1	1
	Legitimate	1	1
	Illegitimate	—	—
Deaths of Infants under 4 weeks:			
	Total	1	—
	Legitimate	1	—
	Illegitimate	—	—

Birth Rate: 13.6 per thousand.

Comparability Factor: 1.08.

APPENDIX A—TABLE 3

TABLE OF DEATHS:		Total	M	F
		59	35	24
Death Rate: 11.8 per thousand.		Comparability Factor 9.7.		
Causes of Death:		Total	M	F
Heart Disease	.....	23	14	9
Other Diseases of the Circulatory System	.....	11	7	4
Cancer	.....	2	—	2
Pulmonary Tuberculosis	.....	1	1	—
Other Pulmonary Diseases	.....	5	3	2
Accidents	.....	6	5	1
Other Diseases (ill defined)	.....	11	5	6

APPENDIX B—TABLE 1
CHARD CHILD WELFARE CENTRE

CHILDS' CLINICAL ATTENDANCE	
1. Number of children who first attended during the year and who on the attendance were:—	
(a) Under 1 year of age	68
(b) Over 1 year of age	18
2. Number of children in attendance at the end of the year who were then:—	
(a) Under 1 year of age	42
(b) Over 1 year of age	40
3. Number of children who attended the Centre during the year ...	157
4. Total attendances during the year made by:—	
(a) Children under 1 year	484
(b) Children over 1 year	301
(c) Mothers	664
5. Average attendances per session of:—	
(a) Children under 1 year	20.0
(b) Children over 1 year	12.5
(c) Mothers	27.6
6. Number of individual mothers who attended during the year	134
7. (a) Total number of sessions held:—	
(i) With Medical Officer	24
(ii) Other sessions	Nil
(b) Number of children examined by Doctor	129
(c) Total number of medical consultations	289
Immunisations	Vaccinations

APPENDIX B—TABLE 2.

AMBULANCE SERVICE

Mileage: 4,817.

Patients conveyed: 182

Patients conveyed classified as follows:—

Accident: 19.

Emergency removals: 108.

Non-emergency removals: 55.

APPENDIX B—TABLE 3.

Name of School	No. on Roll	No. Inspected	No. Immunised	Date of Inspection	Date of last Dental Inspection	Children having milk	Children having dinners
Chard							
Infants'	156	98	95	9/ 1/52	Feb. 1949	99.36%	46.15%
Chard							
Junior	294	118	11	23/ 1/52	Sept. 1949	87.03%	77.13%
	305	135		24/ 9/52		78.69%	62.26%
Chard							
Nursery	35	10		22/ 1/52	Dec. 1948	100.00%	100.00%
	20	12		24/ 7/52		100.00%	100.00%
Chard							
Secondary							
Modern	308	60		28/ 5/52	July 1949	32.46%	38.95%
	358	95		12/11/52		30.72%	30.72%

APPENDIX C—TABLE 1

Infectious Diseases

Measles	2
Whooping Cough	1
Acute Poliomyelitis	1
Erysipelas	2
Food Poisoning	4

Analysis of Cases Notified.

Under	Analysis of Cases Notified.											
	1yr.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65+
Measles		1							1			
Whooping Cough...			1									
Poliomyelitis							1					
Erysipelas										1	1	
Food Poisoning ...							2	1		1		

Age Group	New Cases						Tuberculosis					
	Respiratory		Non-respiratory		Respiratory		Deaths		Respiratory		Non-respiratory	
	M	F	M	F	M	F	M	F	M	F	M	F
-1	...	—	—	—	—	—	—	—	—	—	—	—
1-5	...	—	—	—	—	—	—	—	—	—	—	—
5-15	...	—	—	—	—	—	—	—	—	—	—	—
15-25	...	1	1	—	—	2	—	—	—	—	—	—
25-35	...	2	3	—	—	—	—	—	1	—	—	—
35-45	...	—	—	—	—	—	—	—	1	—	—	—
45-55	...	—	—	—	—	—	—	—	—	—	—	—
55-65	...	—	—	—	—	—	—	1	1	—	—	—
65+	...	—	—	—	—	—	—	—	—	—	—	—
Total ...	3	4	—	2	—	—	1	3	—	—	—	—

APPENDIX C—TABLE 2

Mass Radiography

Report of survey at Chard, January, 1952

	Total	Male	Female	Total
Miniature films		432	327	759
Large Films	Total Recalled	24	6	30
	Did not attend	—	—	—
	Normal	7	1	8
	Significant	17	5	22
	Under Observation ...	—	—	—
Tuberculous Conditions				
Active		M	F	Disposal
Primary Lesion		2	2	Total N.A. Dr. Disp. San.
Post-Primary unilateral		2	1	4
Post-primary bilateral		—	—	1 2
Tuberculous Pleural effusion		—	—	—
Total		4	3	7 1 6
Inactive				
Primary Lesion		1	1	2
Post-Primary Lesion		5	1	6 1
Total		6	2	8 2 5 1

N.A.=No action.

Disp.=Under observation at Dispensary.

Dr.=Patient's own doctor.

San.=Sanatorium treatment required.

Analysis of Tuberculous Cases.

Active Tuberculosis	Under 15	15-24	25-34	35-44	45-59	60+	Total
Male			2	2			4
Female			1	2			3
Total			1	4	2		7
Inactive Tuberculosis							
Male			2	2	2	1	6
Female			1				2
Total			1	2	2	3	8

APPENDIX D—TABLE 1

Water Supply

Piped Supplies—results of samples taken for analysis:

Raw Water	Treated after going into supply			
Bacteriological	Chemical	Bacteriological	Chemical	
Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory
factory	factory	factory	factory	factory

Water Supplies from public mains:

Direct to the Houses

No. of Dwellinghouses	Population	No. of Dwellinghouses	Population
1,704	5,230	10	30

By means of Standpipes

No. of Dwellinghouses	Population
10	30

APPENDIX D—TABLE 2.

Factories Act, 1937
Inspections for the purpose of provisions as to Health
(Including Inspections made by the Sanitary Inspector)

Premises	No. on Register	Inspec- tions	Written Notices	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	34	7	1	—
Factories not included in (1) in which Section 7 is enforced by the Local Authority	25	5	2	—
TOTAL	59	12	3	—

Cases in which defects were found 2
 Cases in which defects found were remedied 2

Outworkers

No. of outworkers in August	List	11	Making wearing apparel
required by Section 110	.....	16	Lace, lace curtains and nets

APPENDIX D—TABLE 3

Housing.

	Houses erected during the year	Houses in course of erection		Conversion to flats or dwellings		Temporary such as Army huts, etc.	
		Perm.	Temp.	Perm.	Temp.	Perm.	Temp.
Local Authority	40	—	53	—	—	—
Private Enterprise	...	—	—	—	—	—	—
Totals	40	—	53	—	—	—

Inclusive of those above built during the year.

Total number of houses in District 1,714
Total number of houses owned by Local Authority 392

No. of Post-War Houses erected to 31st December, 1952	Programme for 1953
By Local Authority 205	By Private Enterprise 51

(a) No. of unfit houses in the District but on which no formal action has been taken	76
(b) No. of houses that have been condemned under the Housing Acts as totally unfit	37
(c) No. of houses occupied under (a).....	70
(d) No. of houses occupied under (b).....	11
(e) No. of houses found overcrowded.....	25

Houses required

(i) To replace those unfit under (a).....	70
(ii) To replace those unfit under (b).....	11
(iii) To overcome unsatisfactory conditions, e.g.: two families living in same house but not included in (i) or (ii)	109
Total number of applicants for Council Houses at the end of the year.....	305

APPENDIX D—TABLE 4
Meat

Total number of animals slaughtered during the year	10,374
Approximate weight of meat condemned—in lbs.:-	
For Tuberculosis	6,340
Other	5,371